establishing that recalled products were exclusively made from chilly or chilly products imported from India.

Refusal of treatment at AIIMS

†2080. SHRI ABU ASIM AZMI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that AIIMS had refused to provide bed to Commando Surjan Singh who was injured during terrorist attack on Akshardham tample;

(b) if so, the action taken by Government against the erring employees; and

(c) the steps being taken by Government to check this kind of situation in future?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) No, Sir.

(b) and (c) Do not arise.

Free treatment for AIDS in Government Hospitals

2081. SHRI MURLI DEORA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have decided to provide ARV (anti-retroviral) drugs free to AIDS patients in Government hospitals from April, 2004;

(b) the estimated number of AIDS patients at present, State-wise;

(c) whether the scheme is expected to cover only one lakh patients and the amount likely to be spent thereon;

(d) the assistance that would be provided by WHO; and

(e) by whom this scheme is proposed to be extended to all patients and the steps to ensure benefit to all patients?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) Yes Sir. Government is actively

†Original notice of the question was received in Hindi.

contemplating to introduce anti-retroviral drugs for treatment of AIDS patients through the public health care system across the six high prevalence states.

(b) The reported cumulative number of AIDS cases, State wise as on 30th November, 2003 is enclosed at Statement. (*See* below)

(c) Yes Sir. The amount likely to be spent for providing anti-retroviral treatment including laboratory investigation for one lakh AIDS cases in first year of the programme would be approximately Rs. 200 Crores.

(d) There is no commitment by WHO to provide any financial assistance.

(e) The programme would cover three priority segments of people living with HIV/AIDS, namely:

Women already registered under Prevention of Parent to Child Transmission for receiving the anti-retroviral drugs, Nevirapine during delivery;

HIV positive children under 15 years of age;

AIDS cases reporting to government hospitals for treatment.

Statement

National AIDS control programme, India AIDS cases in India (Reported to NACO) (As on 30th November, 2003)

Sl.No.	State/UT	AIDS Cases
1	Andhra Pradesh	5570
2	Assam	171
3	Arunachal Pradesh	0
4	A&N Islands	32
5	Bihar	155
6	Chandigarh (UT)	798
7	Delhi	856
8	Daman & Diu	1
9	Dadra & Nagar Haveli	0
10	Goa	357

Sl.No. State/UT	AIDS Cases
11 Gujarat	3488
12 Haryana	321
13 Himachal Pradesh	146
14 Jammu & Kashmir	2
15 Karnataka	1849
16 Kerala	267
17 Lakshadweep	0
18 Madhya Pradesh	1061
19 Maharashtra	9234
20 Orissa	128
21 Nagaland	370
22 Manipur	1238
23 Mizoram	52
24 Meghalaya	8
25 Pondicherry	157
26 Punjab	248
27 Rajasthan	892
28 Sikkim	8
29 Tamilnadu	24667
30 Tripura	4
31 Uttar Pradesh	1202
32 West Bengal	930
33 A,bad Mun. Corp.	267
34 Mumbai M.C.	3302
	57781

National AIDS control organisation Ministry of Health & Family Welfare Government of India

Surveillance for AIDS Cases in India

(Period of report - since inception i.e. 1986 to 30th November, 2003)

AIDS Cases in India

	Cumulative	This month
Males	42562	1006
Females	15219	624
TOTAL:	57781	1630

Risk/Transmission Categories

	No. of cases	Percentage
Sexual	49270	85.27
Perinatal transmission	1551	2.68
Blood and blood products	1555	2.69
Injecting Drug users	1356	2.35
Others (not specified)	4049	7.01
TOTAL:	57781	100.00

Age group	Male	Female	Total
0-14 yrs	1326	837	2163
15-29 yrs.	13073	7023	20096
30-49 yrs.	24887	6545	31432
>50 yrs.	3276	814	4090
TOTAL:	42562	15219	57781

Eradication of TB, Malaria and Leprosy

2082. SHRI RAMACHANDRA KHUNTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether inspite of Government schemes for complete eradication of malaria, leprosy and tuberculosis such patients are increasing day by day;